

Merit Oil Corporation



551 WEST LANCASTER AVENUE, HAVERFORD, PENNSYLVANIA 19041-1494 • (610) 527-7900



Certified Mail RRR# P 425.958 704

February 29, 1997

Waste Management Division
RCRA
U.S. EPA Region III
841 Chestnut Building
Philadelphia, PA 19107

RECEIVED
EPA REGION III

MAR 5 - 1997

EPA REGION III

Re: EPA ID# NOTIFICATION

Dear Sir/Madam;

Enclosed please find a "Notification of Regulated Waste Activity" form for the following
Merit Oil of Pennsylvania, Inc. gasoline stations:

Merit "ACADEMY"
9451 Academy Road
Philadelphia, PA 19114

Merit "GRAYS FERRY"
3300-98 Grays Ferry Avenue
Philadelphia, PA 19146

Merit "READING"
Rt. 222 NB @ Elizabeth Ave.
Reading, PA 19605

Attempts are currently being made to contact the previous owners of these locations in order to have them deactivate their EPA ID#. If you have any questions or need additional information, please contact me.

Sincerely,

Andrew E. Ford
Compliance Specialist



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAR000005793

04/01/97

INSTALLATION ADDRESS

MERIT READING
551 W LANCASTER AVE
HAVERFORD , PA 19041
ANDREW FORD COMPLIANCE SPEC

3325 5TH ST RTE 222
READING , PA 19605

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

MAR 5 1993

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

PA 260 0 0 0 5 7 9 3

II. Name of Installation (Include company and specific site name)

M E R I T R E A D I N G

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

R O U T E 2 2 2 N B @ E L I Z A B E T H A V E .

Street (continued)

City or Town

R E A D I N G

State

ZIP Code

P A 1 9 6 0 5 -

County Code

County Name

B E R K S

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

5 5 1 W E S T L A N C A S T E R A V E N U E

City or Town

State

ZIP Code

H A V E R F O R D P A 1 9 0 4 1 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

F O R D A N D R E W

Job Title

Phone Number (area code and number)

C O M P L I A N C E S P E C . 6 1 0 - 5 2 7 - 7 9 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

5 5 1 W E S T L A N C A S T E R A V E N U E

City or Town

State

ZIP Code

H A V E R F O R D P A 1 9 0 4 1 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

M E R I T O I L O F P E N N S Y L V A N I A , I N C .

Street, P.O. Box, or Route Number

5 5 1 W E S T L A N C A S T E R A V E N U E

City or Town

State

ZIP Code

H A V E R F O R D P A 1 9 0 4 1 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

6 1 0 - 5 2 7 - 7 9 0 0

P

P

Yes

X

No

1

0

2

9

9

9

6

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter/Referral
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 1 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

R. Bamer

Name and Official Title (type or print)

Ronald Bamer, Engineering Manager

Date Signed

2-26-97

XI. Comments

Ownership of installation change. The previous EPA ID# for this location is

PAD001213727, Amerada Hess Corp., Hess Plaza, Woodbridge, NJ OFN: Amerada Hess

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

38296

BAH/12 3/13/97



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
PAR000005793

06/13/95

INSTALLATION ADDRESS

**AMERADA HESS STA 38296
1 HESS PLZ WB6
WOODBIDGE , NJ 07095
THOMAS WHITAKER ENV COORD**

**3325 5TH ST HWY
READING , PA 19605**



May 25, 1995

RECEIVED

MAY 31 1995

U.S. EPA
Region III
841 Chestnut Street
Philadelphia, PA 19107
Attn: 3HW51

RCRA PROGRAMS BRANCH
EPA - Region III

RE: EPA Identification Number Request

Dear Ms. Thornton:

Amerada Hess Corporation is requesting an EPA Identification Number for the following facility:

Hess Station #38296
Route 22, 5th Street Highway
Reading, PA 19605

Should you require any additional information, please do not hesitate to contact me at (908) 750-6537.

Thank you.

Sincerely,

Brian Helner
Environmental Engineer

BHkc
Enclosure

CERTIFIED MAIL #Z 284 722 130

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

MAY 31 1991

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

P A R 5 7 9 3

II. Name of Installation (Include company and specific site name)

A m e r a d a H e s s S t a t i o n 3 8 2 9 6

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

R o u t e 2 2 2 , 5 t h S t r e e t H i g h w a y

Street (continued)

3 5 2 5 S t H w y

City or Town

State

ZIP Code

R e a d i n g P A 1 9 6 0 5 -

County Code

County Name

0 1 1 R E A D I N G B E R K S

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 H E S S P L A Z A W B - 6

City or Town

State

ZIP Code

W O O D B R I D G E N J 0 7 0 9 5 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

W H I T A K E R T H O M A S

Job Title

Phone Number (area code and number)

E N V . C O O R D . 9 0 8 - 7 5 0 - 6 2 2 5

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A M E R A D A H E S S C O R P O R A T I O N

Street, P.O. Box, or Route Number

1 H E S S P L A Z A

City or Town

State

ZIP Code

W O O D B R I D G E N J 0 7 0 9 5 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)

Indicator

Month

Day

Year

9 0 8 - 7 5 0 - 6 0 0 0 P P Yes No X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

XI. Comments